PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006		Docket Number (Optional) 0030-0200P	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 09/674,092-Conf.	#1549	Filed Feb	oruary 27, 2001
For CEREBROSPINAL AND VASCULAR PHARMACEUTICAL COMPOSITION AND PROCESS FOR PREPARING THE SAME			
Art Unit 1654		Examiner	A. A. Mohamed
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
One month (27 CER 4 47(a)(4))	Fee \$420	Small Entity Fee	\$
One month (37 CFR 1.17(a)(1))	\$120	\$60	
X Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$225.00
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
X Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.			
I am the applicant/inventor			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
x attorney or agent of record. R	Registration Number	36,623	
attorney or agent under 37 CF	R 1.34.		
Registration number if acting un			
ms/N.elO		September 5, 2007	
Signature		Date	
Mark J. Nuell		(858) 356-5959	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total of 1 forms are submitted.			